

By: Harris

S.B. No. 863

A BILL TO BE ENTITLED

AN ACT

relating to adoption of certain information technology.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle J, Title 8, Insurance Code, is amended by adding Chapter 1661 to read as follows:

CHAPTER 1661. INFORMATION TECHNOLOGY

Sec. 1661.001. DEFINITIONS. In this chapter:

(1) "Health benefit plan" means a plan that provides:

(A) benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by:

(i) an insurance company;

(ii) a group hospital service corporation operating under Chapter 842;

(iii) a fraternal benefit society operating under Chapter 885;

(iv) a stipulated premium company operating under Chapter 884;

(v) a Lloyd's plan operating under Chapter 941;

(vi) an exchange operating under Chapter 942;

1 (vii) a health maintenance organization
2 operating under Chapter 843;

3 (viii) a multiple employer welfare
4 arrangement that holds a certificate of authority under Chapter
5 846;

6 (ix) an approved nonprofit health
7 corporation that holds a certificate of authority under Chapter
8 844; or

9 (x) an entity not authorized under this
10 code or another insurance law of this state that contracts directly
11 for health care services on a risk-sharing basis, including a
12 capitation basis; or

13 (B) health and accident coverage through a risk
14 pool created under Chapter 172, Local Government Code,
15 notwithstanding Section 172.014, Local Government Code.

16 (2) "Health benefit plan issuer" means an entity
17 authorized to issue a health benefit plan in this state.

18 Sec. 1661.002. USE OF CERTAIN INFORMATION TECHNOLOGY
19 REQUIRED. (a) A health benefit plan issuer shall use information
20 technology that:

21 (1) provides an enrollee with real-time information at
22 the point of service concerning:

23 (A) any applicable deductibles;

24 (B) the allowable or usual and customary amount
25 paid for out-of-network care, as applicable; and

26 (C) the enrollee's potential total financial
27 responsibility; and

1 (2) provides a physician or other health care provider
2 with real-time information regarding physician or health care
3 provider network participation.

4 (b) A health benefit plan issuer shall use information
5 technology that permits real-time adjudication of health care
6 claims at the point of service.

7 Sec. 1661.003. CERTAIN FEES PROHIBITED. A health benefit
8 plan issuer may not directly or indirectly charge or collect from an
9 enrollee or a physician, or other health care provider, a fee to
10 cover the costs incurred by the health benefit plan issuer in
11 complying with this chapter.

12 Sec. 1661.004. RULES. The commissioner shall adopt rules
13 as necessary to implement this chapter, including rules that ensure
14 that the information technology used by a health benefit plan
15 issuer does not have legal or technical restrictions for encoding,
16 displaying, exchanging, reading, printing, transmitting, or
17 storing information or data in electronic form.

18 SECTION 2. This Act takes effect immediately if it receives
19 a vote of two-thirds of all the members elected to each house, as
20 provided by Section 39, Article III, Texas Constitution. If this
21 Act does not receive the vote necessary for immediate effect, this
22 Act takes effect September 1, 2009.